

Corrosive injury of the stomach: an unusual presentation



Fig. 1 Endoscopic view showing multiple linear ulcers, covered with slough, in the body of the stomach, becoming confluent distally in the antrum.



Fig. 3 Retroflexed endoscopic view shows multiple linear ulcers involving the fundus and covered with slough.

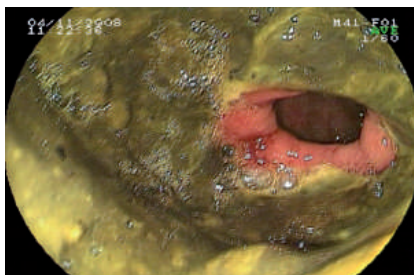


Fig. 2 Circumferential antral ulcer with slough, sparing the pyloric orifice.

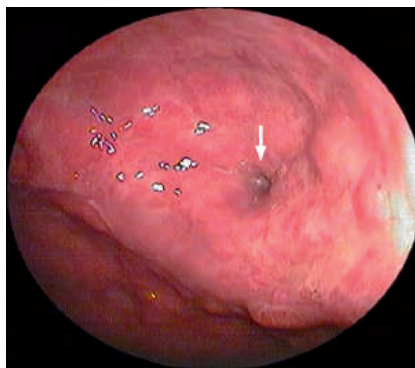


Fig. 4 Deformed antrum with a stricture seen as a small opening in the middle (white arrow).

A 45-year-old male was evaluated for symptoms of epigastric pain and vomiting. He had consumed alcohol 24 hours prior to admission. Upper gastrointestinal endoscopy showed an erythematous antral mucosa. Following an alcohol binge, he presented again 15 days later with an upper gastrointestinal bleed that required blood transfusion. An endoscopy after resuscitation showed severe esophagitis and greenish-black sloughed deep ulceration in the distal body and antrum, completely encircling the lumen (► **Fig. 1** and **2**). In addition, there were similar linear ulcers in the fundus of the stomach (► **Fig. 3**). The duodenum was normal. The possibility of corrosive injury to the stomach was considered. However, the patient denied any history of ingestion of a corrosive substance and was managed

supportively with sucralfate. The patient presented 4 weeks later with persistent vomiting. A repeat endoscopy showed an antral stricture (► **Fig. 4**). At the time of writing, the patient was awaiting surgery. Corrosive ingestion is a common cause of benign strictures of the upper aerodigestive tract in India. Hydrochloric acid, which is commonly available as a toilet cleaning agent, is the most common corrosive substance ingested [1]. Corrosive injury after ingestion of country liquor has been reported from India [2]. Our patient denied consumption of acid. The evidence of corrosive injury to the stomach complicated by an outlet obstruction within a period of 4 weeks clearly suggests that the “country liquor” (cheap crudely made alcohol) was probably contaminated with some acid. Alternatively,

the possibility that the patient had consumed acid in an inebriant state cannot be totally dismissed. An awareness of corrosive injury on a background of alcohol consumption needs to be considered in patients presenting with massive gastrointestinal bleeding with classical endoscopic findings.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AF

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DOI 10.1055/s-0029-1214440

Endoscopy 2009; 41: E92–E92

© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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